



# ASSESSMENT OF THE UTILIZATION OF MATERNAL HEALTH SERVICES AMONG WOMEN IN SELECTED TRIBAL COMMUNITIES OF KASHMIR

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## Abstract

The present study was conducted to assess the utilization of maternal health services among tribal communities of Kashmir. Quantitative approach with descriptive research purposive sampling technique. The tool used was semi structured interview schedule. The sample consisted of 100 tribal women who belonged to Pahari and Gujar communities from Pahalgam, district Anantnag who were selected by purposive sampling technique. The tool used was semi structured interview schedule. The data related to utilization of maternal health services were collected from 14-02-2022 to 20-04-2022. The data regarding utilization of maternal health services categorized into antenatal services, intra-natal services and post-natal services. The result showed most of the tribal women utilized the maternal health services. But few women did not utilize the services.

**Keywords:** Maternal Health Services, Intra-natal, Post-natal, Tribal Women

## 1. Introduction

Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. While motherhood is often a positive and fulfilling experience, for very many women it is associated with suffering, ill-health and even death. Most maternal deaths and pregnancy complications can be prevented by quality antenatal, intranatal and post natal care[1].

Worldwide, every year approximately eight million women suffer from pregnancy-related complications. Over half a million of them die as a result. One woman in 11 may die of pregnancy related complications in developing countries, compared to one in 5000 in developed countries.

Here lies the major discrepancy in global health. It is further estimated that for one maternal death at least 16 more suffer from severe morbidities. Important causes of maternal death in the developing countries included hemorrhage, sepsis and preeclampsia and unsafe abortion[2].

India is among those countries which have a very high maternal mortality ratio. According to the estimates the maternal mortality rate has reduced from 212 per lac live births in 2007 to 2009 to 178 per lac live birth in 2010 to 2012, a reduction of 34 points over a period of three years period. During the year 2012, about 47,000 women died of pregnancy related cause[3]. Maternal health is important during antenatal, intranatal and postnatal period. Various

maternal and child health programmes are available for rural people especially to the tribal people. In spite of the availability of all these programme maternal and infant mortality rates was high among the tribal group. Pahari tribal communities had various maternal and infant deaths during the recent past years[4]. Due to the curiosity the investigator would like to find the real situation of the tribal community and to assess how far maternal services are utilized by the tribal women and so the investigator decided to assess the utilization of maternal health services among women in selected tribal communities of Kashmir.

### 1.1 Statement of the Problem

A study to assess the utilization of maternal health services among women in selected tribal communities of Kashmir.

### 1.2 Objectives of the Study

To assess the utilization of maternal health services by women in selected tribal communities.

### 1.3 Research Approach

Quantitative approach was adopted in this study in order to assess the utilization of maternal health care services among the women in selected tribal communities.

### 1.4 Research Design

In the present study, the descriptive design was used.

### 1.5 Setting of the Study

The study was conducted in Pahari and Gujar tribal communities from Pahalgam Anantnag, Kashmir.

### 1.6 Population

In the present study the population comprised of women between 18- 35 years old have at least one child belong to tribal communities from Pahalgam, Anantnag.

### 1.7 Sample and Sample Size

In this study sample size consists of 100 tribal women.

### 1.8 Sampling Technique

Samples were selected using purposive sampling technique guided by inclusion criteria of the study.

### 1.9 Instrument/ Tool Used

The instrument used in this study was semi-structured interview schedule.

### 1.10 Description of the Tool

Semi-structured interview schedule was used to assess the utilization of maternal health services. It included items in the areas of utilization of maternal health services

Section A- Antenatal services Section B - Intra-natal services Section C - Postnatal services Method of data collection

Formal written permission was obtained from the gram panchayat to conduct the research study. Using purposive sampling technique 100 subjects were recruited for the study. The investigator paid attention to explain the study in detail to each woman prior to enrolment and informed consent was obtained for willingness to participate in the study and confidentiality was also ensured. The investigator had taken help from the ASHA (Accredited Social Health Activist) staff in order to meet the tribal women. The data collection period was from 14-02-2022 to 20-04-2022. There are 10- 15 houses together in each hamlet. The investigator interviewed on an average, 05 participants per day.

## 2. Utilization of Maternal Health Services

### 2.1 Section A- Antenatal Services

#### Percentage Distribution of the Utilization of Maternal Health Services during Antenatal Period

Data shows that only 90% of the participants registered their pregnancy. Only 86% of the participants received help from the health worker to register pregnancy. Only 78% of the participants had visited hospital at least 4 times during pregnancy. Some (12%) of them had more than 4 antenatal

visits due to the complications such as anemia and pregnancy induced hypertension. A few women (10%) never had antenatal visit as they were not willing for check up during pregnancy and they also reported that they have to travel long distance from their house to hospital. Only 92% of the participants were visited by the health worker in their home during pregnancy. The health worker visited them every month routinely and some participants (12%) were visited by health workers every week due to pregnancy complications like pregnancy induced hypertension, pregnancy induced diabetes mellitus and anaemia. Only 92% of the tribal women received iron and folic acid during pregnancy from health workers. But few women (8%) did not received iron and folic acid and calcium tablets. But some of women (15%) stopped the consumption due to gastric problem, bad taste, constipation and unknown reasons. Majority (98%) of the participants received 2 doses of inj.

T.T. during pregnancy. But 2 % of the tribal women did not receive inj. T.T. during their pregnancy. Only 55% of the tribal women attended health education programme regarding nutritional supplement, newborn care, and personal hygiene during their pregnancy which was arranged at anganwadi by junior public health nurse, ST promoter, ASHA worker and anganwadi worker. The remaining (45%) didn't attend the health education programme as they are not willing. Only 50% of the tribal women received special nutritional food from anganwadi and also received the food from community kitchen project. The food from anganwadi consisted of egg-1, milk- 1 glass, raggi powder- 1packet and amrutham powder- 1packet once in every week to the antenatal mothers. The food received from the community kitchen included rice and curry once in a week. Half (50%) of the participants did not go to anganwadi to receive the food due to personal problem and they reported that they had to walk to reach the angnwadi and others did not want to take

food from anganwadi.

Figure 1 shows that majority (78%) of the tribal women visited the Government Tribal Speciality Hospital for check up during their pregnancy. Most (70%) of them visited for ultrasound scanning and also some (8%) were referred from the community health centre due to pregnancy complications. Some (20%) of the tribal women visited private hospitals in other areas for their check up because of the complications during pregnancy and due to personal interest. Some (26%) of the tribal women consumed Auyurvedic medicines due to anaemia. None of the participants followed traditional practitioner's medicine because all the practitioners were aged and not doing any practice now. All (100%) participants followed traditional food habits during pregnancy. Traditional food included 'raggi puttu', tamarind curry and leaves of colocasia. They had a belief that the coloaasia leaves are helpful to remove all the dirty things from the stomach.

## 2.2 Section B- Intra-natal Services

Figure 2 show that none of the participants utilized the services of traditional practitioners during delivery time. Majority (58%) selected the government hospital for delivery. A few (13%) of the participants were selected private hospital for delivery. A few (18%) participantshad their first or first and second deliveries in their home and the last delivery was conducted in the hospital due to pregnancy related complication and also for permanent sterilization. A few (11%) participants were selected only home for delivery and received help from the husband and mother-in-law. They reported that they had to travel long distance from the home to hospital and also because of the unavailability of the vehicles. Sometimes delivery occurred during the journey. Sometimes due to complications the doctor sent them to higher centre, but they were not willing to go because of the long distance and also due to financial problem.

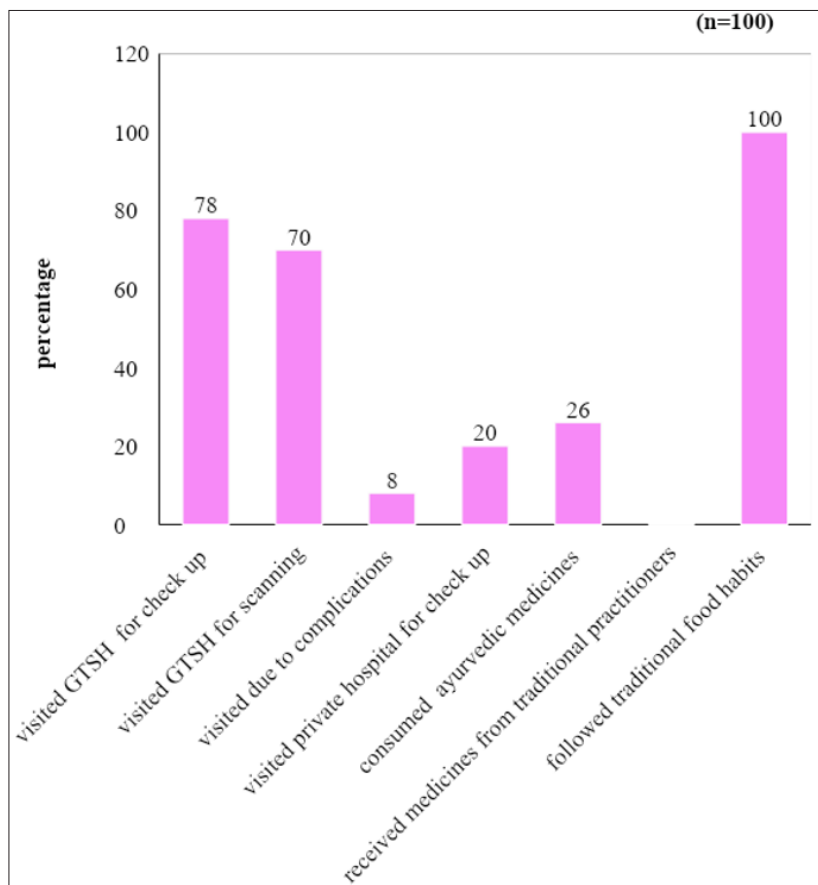


Figure 1: Cone diagram showing the percentage distribution of the utilization of maternal health services during antenatal period

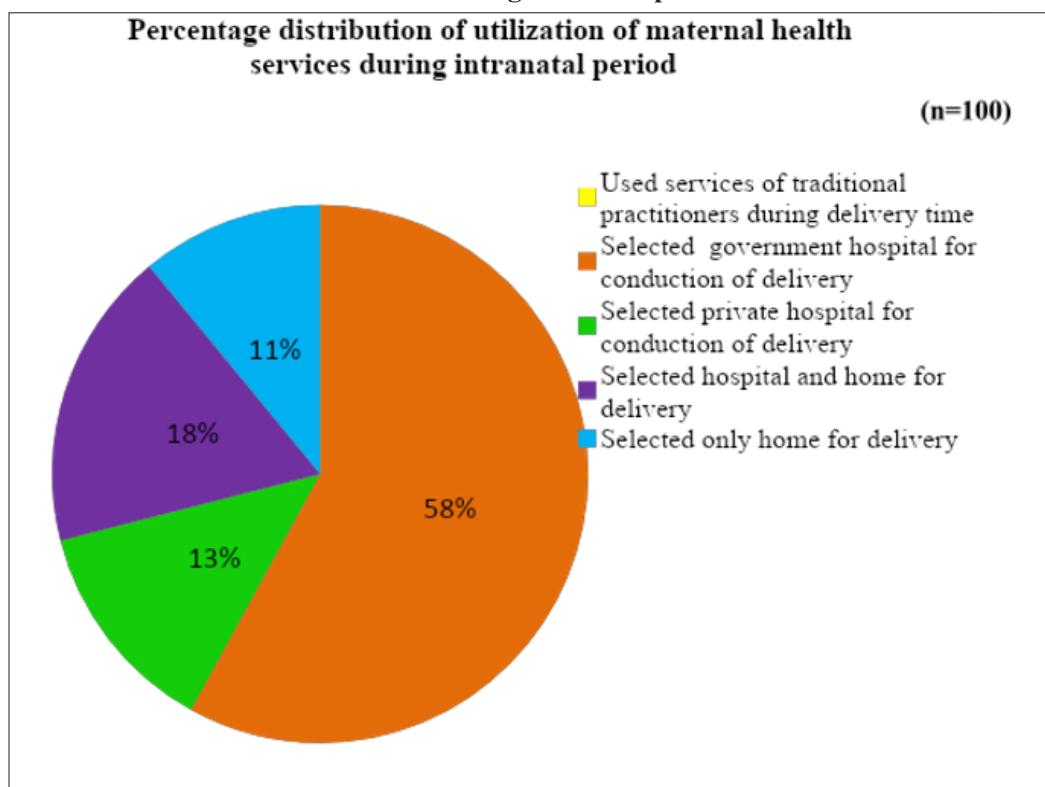


Figure 2: Pie diagram showing Percentage distribution of utilization of maternal health services during intranatal period

**Table 1. Percentage distribution of utilization of maternal health services during postnatal period (n-100)**

Postnatal period	Percentage
Started breast feeding within 2 to 4 hours	94
Stayed in hospital	87
Done follow up visit after delivery from the hospital.	61
The health worker visited them in their home after delivery	92
The traditional practitioner visited them after delivery	00
Received health education	92
Received iron and calcium tablet	70
Consumed ayurvedic medicines	24
Received traditional food items	100
Used immunization facilities for the newborn	88
Received immunization card for the new born	88
Used temporary family planning methods	21
Undergone permanent family planning methods	36

**2.3 Section C - Postnatal services**

Table 1 shows that majority (94%) of the women started breast feeding within 2 to 4 hours. The remaining mothers did not start due to the complications such as eclampsia, postpartum haemorrhage for the mother and NICU observation, delayed crying and meconium aspiration for the newborn. Majority (87%) of the mothers stayed in the hospital for 3 days after delivery. Only 61% of the participants were made follow up visit after delivery. Majority (92%) of the women were visited by the health worker on a minimum of 4 times in their home during postnatal period. None of the mothers were visited by the traditional practitioner after delivery. Majority (92%) of the women received health education on minimum of two times from the health worker regarding personal hygiene and the importance of nutritious food after delivery. Only 70% of the participants were consumed iron and calcium tablet after delivery. But 24% of women took ayurvedic medicines after delivery. They believed that it increases energy. All tribal women (100%) consumed tribal traditional food like raggi puttu (corra) and pulirassam only continuously for 7 days after delivery. Only 88% of the participants utilized

immunization facilities and received immunization card for the newborn. Regarding family planning 21% of the participants used temporary family planning method included oral contraceptive pills and copper T. But 36% of the tribal women utilised permanent family planning methods after delivery. The children below three years are immunized 100%, but the children above 10 years, are not completely immunized.

**3. Discussion**

In the present study the utilization of antenatal services, only (90%) of the participants registered their pregnancy. Only (78%) of the participants had a minimum of 4 antenatal visits during pregnancy. The District Level Health Survey- 4(DLHS-4 2012-2013) showed that 96.2% of the rural pregnant women received antenatal check up; 86.0% of the rural pregnant women who had three or more than three antenatal checkup[5]. The finding of the present study was consistent with another study. The result showed that maternal health services were fully utilized by 85.7% of the tribal women. Among tribal women, 82.9% had 1<sup>st</sup> trimester registration of pregnancy[6].



In the present study regarding utilization of delivery services, 58% of the tribal women delivered in the government hospital; 13% delivered in the private hospital and 11% of the tribal women delivered at home and assisted by the husband or mother-in-law who were not trained. The present study finding was consistent with another study, the result showed 11.4% delivered at home and all the home deliveries were attended by untrained person from the locality[6].

In the present study regarding utilization of postnatal services, 87% of the mother stayed in the hospital after delivery; 92 % of the women were visited the health worker in their home during postnatal period. DLHS-4 showed that the rural mother who received postnatal care services within two weeks of institutional delivery was 95.9%[5].

#### 4. Conclusion

Most of the tribal women utilized the maternal health services. But a few tribal women didn't utilize the services. After the introduction of national rural health mission (NRHM) most of the tribal women received maternal health services through the anganwadi, sub centres and also with the involvement of ASHA workers. Very few studies have been identified regarding utilization of maternal health services by tribal women in India after the introduction of NRHM.

**5. Conflict of Interest:** None

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